

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Alaska Statute 47.25.430 as amended by State Legislative Amendments 1993, chapter 29.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Social Services, Division of Public Assistance.
PASSALONG	In compliance by the method of maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided to needy aged, blind, and disabled person except those in the Alaska Pioneer's Home, in any nonmedical public institution or in public or private institutions for mental disorders. Blind and disabled children under 18 are not eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Children responsible for aged parents.
INCOME DISREGARDS	In addition to the Federal income disregards, in-kind income is excluded.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Local offices of State Department of Health and Social Services, Division of Public Assistance.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently	\$874.00	\$1,297.00	\$362.00	\$528.00
Living independently with ineligible spouse	1,033.00	N/A	521.00	N/A
Living in household of another	709.34	1,055.67	368.00	543.00
Living in household of another with ineligible spouse	805.34	N/A	464.00	N/A
Medicaid facility	75.00	150.00	² 45.00	³ 90.00

STATE ASSISTANCE FOR SPECIAL NEEDS

State does not provide assistance for special needs.

MEDICAID**ELIGIBILITY:**

CRITERION	SSI program guidelines (title XVI).
DETERMINED BY	State.
MEDICALLY NEEDY PROGRAM	No programs for the aged, blind, or disabled medically needy.
UNPAID MEDICAL EXPENSES	The Social Security Administration does not obtain this information.

¹ Unless otherwise stated payment levels apply equally to aged, blind, and disabled.

² Personal needs allowance either as a direct supplement to SSI or a deduction from other income that is applied to the cost of care.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Idaho State codes 56-207, 56-208, 56-209a.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Health and Welfare.
PASSALONG	In compliance by the method of Maintaining all payment levels.
SCOPE OF COVERAGE	Optional State supplement provided for every SSI recipient in living arrangements listed under "Payment Levels." Persons living in the household of another are included under the living independently standard; State supplement is increased to offset the reduced Federal payment. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	Husband and wife, and parents and minor children mutually.
INCOME DISREGARDS	State provides an additional income disregard of \$20 per month of any income including SSI.
PLACE OF APPLICATION	Local offices of State Department of Health and Welfare.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State does not participate.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

PAYMENT LEVELS ¹

<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Living independently or in the household of others ²	\$565.00	\$788.00	\$53.00	\$19.00
Living with essential person	788.00	N/A	19.00	N/A
Room and board facility ³	710.00	---	198.00	---
Adult Residential Care Home/ Adult Foster Care Home ⁵				
Level I	852.00	---	340.00	---
Level II	919.00	---	407.00	---
Level III	987.00	---	475.00	---
Semi-independent Group Residential facility ⁵	710.00	---	198.00	---

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Combined Federal/State payment level also applies to persons living in the household of another. State supplement is increased to offset the reduced Federal payment for this living arrangement.

³ Couples in these living arrangements are treated as individuals the month after leaving an independent living arrangement.

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**

Department of Health and Welfare.

**SPECIAL NEED
CIRCUMSTANCES:****RESTAURANT
MEALS**

Eating out allowance of up to \$50 per month if physically unable to prepare meals.

**MAINTENANCE
FOR GUIDE DOG**

Allowance for care and maintenance of guide dog of up to \$17 per month.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	Oregon Revised Statutes 411.120.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Department of Human Resources, Adult and Family Services Division (State-administered in local offices).
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	Optional State supplement provided to every SSI recipient in the living the arrangements listed under "Payment Levels." Blind children are eligible and disabled children are ineligible for State supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	Assistance paid constitutes an unsecured prior claim against property or any interest therein belonging to the estate of a recipient except such portion as is being occupied as a home by the spouse, minor dependent child, or parent of deceased recipient. Senior and Disabled Services Division may compromise claim by accepting other security or may waive payment when enforcement would be inequitable and would tend to defeat purpose of public assistance law.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	For earned income, no disregards in addition to the Federal income disregards; for unearned income, no income disregards.
RESOURCE LIMITATIONS	Federal SSI limitations apply except that the transfer of a home may render a person ineligible for a State supplement for up to 30 months, based on the amount of uncompensated value.
PLACE OF APPLICATION	Local offices of Adult and Family Services Division or Senior and Disabled Services Division.
FUNDING	Assistance: State funds. Administration: State funds.

¹ Mandatory minimum supplementation is administered by the same agency as optional supplementation.

**INTERIM
ASSISTANCE**

State participates.

PAYMENT LEVELS ¹

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
	Living independently:				
	Aged and disabled	\$513.70	\$769.00	\$1.70	----
	Blind	538.70	794.60	26.70	\$25.60
	Living with an ineligible spouse:				
	Aged and disabled	513.70	N/A	1.70	N/A
	Blind	538.70	N/A	26.70	N/A
	Living with essential person:				
	Blind	794.60	N/A	25.60	N/A
	Living in household of another:				
	Aged and disabled	343.04	512.67	1.70	--
	Blind	368.04	538.27	26.70	25.60
	Adult foster/residential care: ^{2 3}				
	Aged and disabled	513.70	965.40	1.70	196.40
	Blind	538.70	1,015.40	26.70	246.40
	Room and board: ³				
	Aged and disabled	513.70	965.40	1.70	196.40
	Blind	538.70	1,015.40	26.70	246.40

STATE ASSISTANCE FOR SPECIAL NEEDS**ADMINISTRATION**Department of Human Resources, Adult and Family Services
Division or Senior and Disabled Services Division.**SPECIAL NEED
CIRCUMSTANCES:**¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.² Additional costs covered by special service funds.³ Persons with other sources of income are allowed to keep \$70 as a personal needs allowance.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****CLOTHING FOR
EMPLOYMENT**

Essential clothing may be provided for a recipient to begin employment if the recipient has been accepted for a job.

**CORRECTIVE
SHOES**

Necessary corrective, orthopedic, or extra sturdy shoes recommended by the recipient's physician.

SPECIAL DIET

Payment for a special diet will be allowed if need has been established by a physician and the recipient maintains housekeeping quarters and is receiving a standard food allowance.

**RESTAURANT
MEALS**

Restaurant meals are allowed in addition to the standard supplemental payments when recipient is unable to prepare meals because of physical or mental disability.

**LAUNDRY
ALLOWANCES**

Laundry allowances are provided when the recipient has no available laundry facilities of any kind or when the recipient is so disabled that he or she cannot do his or her own laundry and there is no other person living in the home who can do it.

**TELEPHONE
ALLOWANCES**

Telephone allowances may be provided when the recipient either:

- 1) lives alone and is housebound,
- 2) lives in a situation so remote that a telephone is essential, or
- 3) needs a telephone to maintain a job.

**MAINTENANCE
FOR GUIDE DOGS**

Payment for food will be made for guide dogs provided to the recipient by the Oregon Commission for the Blind.

**MOVING
EXPENSES**

Moving costs will be provided if it is essential to provide non-hazardous housing for the recipient or if the recipient has been evicted for reasons not attributable to his or her neglect or his or her failure to pay rent or house payments.

**HOUSEHOLD
EQUIPMENT
COSTS**

Certain items of household equipment may be purchased or repaired if the recipient is unable to obtain them without cost; a one-time payment of chattel mortgages or sales contracts may be made to prevent repossession if the cost of replacing an essential item exceeds the balance due on the contract.

**SPECIAL NEED
CIRCUMSTANCES (CON.)****SHELTER
EXCEPTIONS**

Additional payment for shelter expenses may be made in situations where the recipient has special needs that make it impractical or impossible to rent or continue to purchase adequate housing with current benefit payment.

**TRANSPORTATION
EXPENSES**

Certain transportation expenses may be provided to meet specific needs of recipients.

MEDICAID**ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

DETERMINED BY

State.

**MEDICALLY NEEDY
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES**

The Social Security Administration does not obtain this information.

OPTIONAL STATE SUPPLEMENTATION

STATUTORY BASIS FOR PAYMENT	State law (Revised Code) of Washington (RCW) 74.04.600 - 74.04.620 and State policy in Washington Administrative Code (WAC) 388-275.
EFFECTIVE DATE	January 1, 1974.
ADMINISTRATION ¹	Social Security Administration and the Department of Social and Health Services.
PASSALONG	In compliance by the method of total expenditures.
SCOPE OF COVERAGE	State supplement provided to needy aged, blind, and disabled persons except for: 1) individuals converted from former State assistance programs who have more than one essential person; 2) eligible couples with one or more essential persons; and 3) residents of public emergency shelters for the homeless. Blind and disabled children are eligible for optional supplementation.
RECOVERIES, LIENS, AND ASSIGNMENTS	None.
RELATIVE RESPONSIBILITY	None.
INCOME DISREGARDS	No disregards in addition to the Federal income disregards.
RESOURCE LIMITATIONS	Federal SSI resource limitations apply.
PLACE OF APPLICATION	Social Security Administration field offices.
FUNDING	Assistance: State funds. Administration: State funds.
INTERIM ASSISTANCE	State participates.

¹ The State administers payments to SSI recipients in Medicaid facilities. All other State supplements, including mandatory minimum supplementation are administered by the Social Security Administration.

PAYMENT LEVELS ¹

<u>Code</u>	<u>Living arrangements</u>	<u>Combined Federal/State</u>		<u>State supplementation</u>	
		<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
A	Living independently: ^{2 3}				
	Area 1	\$539.00	\$790.00	\$27.00	\$21.00
	Area 2	518.55	769.00	6.55	0.00
B	Living with ineligible spouse: ⁴				
	Area 1	679.20	N/A	167.20	N/A
	Area 2	649.25	N/A	137.25	N/A
C	Living in household of another	346.15	517.97	4.81	5.30
F	Living in household of another with ineligible spouse	444.10	N/A	102.76	N/A
G	Living with one essential person: ⁴				
	Area 1	790.00	N/A	21.00	N/A
	Area 2	769.00	N/A	0.00	N/A
H	Living in household of another with one essential person ⁵	517.30	N/A	5.30	N/A
	Medicaid facility ⁵	41.62	83.24	11.62	23.24

¹ Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.

² Includes persons in congregate-care group facilities.

³ Area 1 includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Area 2 includes all other counties.

⁴ Applies only to cases converted from former State assistance programs.

⁵ The State administers payments to SSI recipients in Medicaid facilities.

STATE ASSISTANCE FOR SPECIAL NEEDS

ADMINISTRATION Department of Social and Health Services, Economic Services Administration, Division of Assistance Programs.

**SPECIAL NEED
CIRCUMSTANCES:**

GUIDE DOG Food for seeing eye dog at the rate of \$33.66 per month.

**OTHER UTILITY
CHARGES** Telephone - amount varies according to need and location.
Laundry - \$11.13 per month.

MEALS Restaurant meals - \$187.09 per month; \$6.04 per day.
Home delivered meals - the amount charged by the agency delivering the service.

**WINTERIZING
HOMES** A maximum of \$500.00.

MEDICAID

ELIGIBILITY:

CRITERION SSI program guidelines (title XVI).

DETERMINED BY Social Security Administration.

**MEDICALLY NEEDY
PROGRAM** Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL
EXPENSES** The Social Security Administration obtains this information.